

**IMPORTANT INFORMATION FOR FILING  
A CLAIM FOR DAMAGE OR INJURY**

Attached is the Claim for Damage or Injury form to file a tort claim incident against the State of Hawaii.

In order for the State to conduct a meaningful investigation, the form must be completed in detail and in its entirety. All material facts should be stated on this form, as it will be used in resolving your claim. You may use additional pages if necessary.

Please be advised that the State Tort Liability Act makes the State responsible only when the State is negligent and when that negligence causes an injury or damage. The State is not automatically responsible for bills (medical, repairs or other) because an incident occurs on its premises or as a result of its operations. It is your responsibility to fulfill your financial obligations.

**You have two (2) years from the date of the incident to finalize your claim. If you are not satisfied with the outcome of your claim and decide to sue, a lawsuit must be filed before that two (2) year period, otherwise the statute of limitations will prevent your claim from being considered, or settled.**

Follow the attached instructions and submit your original claim form and one copy to:

State of Hawaii  
Department of Accounting and General Services  
Risk Management  
P. O. Box 119  
Honolulu, Hawaii 96810-0119

Retain these pages for your future reference. If you have any questions, or if you do not receive an acknowledgement letter within ten (10) days of the submission of your claim, contact the Risk Management Staff at 586-0547.

## INSTRUCTIONS

Claims for property damage, loss or destruction, or for personal injury, must be signed by the owner of the property or by the injured person, or by a parent or guardian, in the case of a minor. If that person cannot sign because of death, disability, or other reasons acceptable to the State of Hawaii, then a duly authorized agent or other legal representative may file a claim and provide the evidence satisfactory to the State of their authority to act.

You must state a dollar amount on page 2, Line 12 of the form. If your claim is accepted by the State, the dollar amount of your claim will need to be documented by independent verification and evidence. However, you are not required to submit this information at this time.

The following are examples of acceptable means of independent verification or documentation:

- (a) For damage to property that has been or can be economically repaired, submission of a photograph of the damaged property and two itemized signed statements or estimates by reliable and independent parties. If payment has been made, an itemized statement or receipt showing the actual payment. Proof of ownership may also be required.
- (b) For damages to a motor vehicle, copies of the current registration and no-fault card will be required in addition to (a).
- (c) For lost or destroyed property, or for damage to property which cannot be economically repaired, submission of statements itemizing each item, original cost of the item, date purchased, where purchased and the value of the item before and after the incident can be used in determining the actual value of the claim.
- (d) For personal injury or death, medical information will be required. This may involve securing an authorization to release medical information, securing a report from a doctor, hospital/clinic, copies of medical bills and/or verification of other related expenses.

CLAIM FOR DAMAGE OR INJURY

PRINT IN INK OR TYPE

1. Full name of claimant/victim (provide age if minor):  
(Mr./Ms.) \_\_\_\_\_
2. Residence Address (include zip code): \_\_\_\_\_  
\_\_\_\_\_
3. Phone: Res: \_\_\_\_\_ Bus: \_\_\_\_\_
4. Occupation: \_\_\_\_\_
5. Place of Employment: \_\_\_\_\_  
\_\_\_\_\_
6. Location of Incident/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Date of Incident: \_\_\_\_\_ Day of Week: \_\_\_\_\_  
Time: \_\_\_\_\_
8. Description of Incident: (State, in detail, all known facts and  
circumstances, identify person and property involved, and why  
you believe the State of Hawaii is at fault. If possible,  
please enclose photographs, maps, diagrams, etc., to help us  
understand the incident.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Witnesses to incident/injury/damage/loss:

Name

Address

Phone No.

---

---

---

10. Property Damage or Loss (Nature and extent of damage or loss):

---

---

---

11. Personal Injury (Nature and extent of injury or loss):

---

---

---

12. Amount of claim (See instructions for verification of amount):

Personal injury                      \$ \_\_\_\_\_

Property damage/loss              \$ \_\_\_\_\_

13. If automobiles are involved, provide ALL of the following:  
Automobile Insurance Company name and phone number, Policy  
Number, and Date of Expiration. Have you filed a claim with  
your insurance company regarding This incident?

(Please circle one)                      YES                      NO

---

---

**THE UNDERSIGNED STATES THAT THE INFORMATION AND CLAIM SUBMITTED IS TRUE  
AND ACCURATE UNDER THE PENALTY OF FRAUD.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of person filing claim

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip